

Consent and Release

Parental Authorization
(For Persons Under 18 yrs)

I, _____ (name or parent or guardian) am the parent
or legal guardian of _____ (name of minor) who was
born on _____ (birth date).

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____ (name of minor) I certify and affirm that I have been completely and thoroughly informed that as youth attending Dana Johnson Ministries' events, my child will participate in certain activities that carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors
2. Sports, both informal and organized
3. Use of recreational equipment
4. Field trips, both on and off campus
5. Travel by airplane, automobile and bus
6. Activities around water, including swimming and boating
7. Hiking
8. Camping

I acknowledge that Dana Johnson Ministries may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Dana Johnson Ministries' equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Dana Johnson Ministries from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Dana Johnson Ministries' equipment or facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the state of Texas or other states within the United States or any health care professional duly licensed to provide health care in Texas or other states within the United States for medical care and services deemed necessary by Dana Johnson Ministries, its agents, servants and employees.

Consent and Release

Parental Authorization
(For Persons Under 18 yrs)

(continued)

I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Dana Johnson Ministries of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while with Dana Johnson Ministries.

Should the need for medical attention arise, Dana Johnson Ministries will attempt to contact me as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Dana Johnson Ministries on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of the PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Dated: _____, 2012, and valid until _____, 2012

Signature

Printed Full Name

MEDICAL INFORMATION:

Insurance Company: _____

Group Number: _____

Telephone Number: _____

EMERGENCY CONTACT:

Printed Name: _____

Relationship: _____

Home Telephone Number: _____

Work or Cellular Telephone Number: _____

Personal Authorization
(For Persons 18 yrs and Up)

I, _____ (printed name) born on _____ (birth date) warrant that I possess all the rights, powers and privileges to execute this document with binding legal effect.

I certify and affirm that I have been completely and thoroughly informed that as a Team Member attending Dana Johnson Ministries' events, I will participate in certain activities that carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors
2. Sports, both informal and organized
3. Use of recreational equipment
4. Field trips, both on and off campus
5. Travel by airplane, automobile and bus
6. Activities around water, including swimming and boating
7. Hiking
8. Camping

I acknowledge that Dana Johnson Ministries may offer other activities not listed above that present similar risks or dangers.

I consent to my participation in these activities. I acknowledge and understand that this PERSONAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume all risk in connection with said activities for any harm, injury or damages that may befall me as a result of my participation in the activities, whether foreseen or unforeseen, and still wish to proceed with the activities.

In consideration of being allowed to participate in these activities and to use Dana Johnson Ministries' equipment and facilities, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Dana Johnson Ministries from any and all claims, demands, or causes of action, which are in any way connected with my participation in these activities or use of Dana Johnson Ministries' equipment or facilities.

In cases of emergency, I further consent to my examination or treatment by a physician duly licensed to practice medicine in the state of Texas or other states within the United States or any health care professional duly licensed to provide health care in Texas or other states within the United States for medical care and services deemed necessary by Dana Johnson Ministries, it's agents, servants and employees.

I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Dana Johnson Ministries of any and all health considerations or medical conditions that would restrict my participation in any and all activities while with Dana Johnson Ministries.

Personal Authorization
(For Persons 18 yrs and Up)

Should the need for medical attention arise, Dana Johnson Ministries will attempt to contact my emergency contact as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Dana Johnson Ministries on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of the PERSONAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Dated: _____, 2012, and valid until _____, 2012

Signature

Printed Full Name

MEDICAL INFORMATION:

Insurance Company: _____

Group Number: _____

Telephone Number: _____

EMERGENCY CONTACT:

Printed Name: _____

Relationship: _____

Home Telephone Number: _____

Work or Cellular Telephone Number: _____